915 Capitol Mall, Room 457 Sacramento, CA 95814 Fax (916) 589-2805

CalCAP BORROWER'S AGREEMENT TO PAY LENDER'S FEES

ender Loan #	Total amount enrolled in CalCAP or advance for this transaction			
Lender Premium	\$	%	*Note: The Lender and Borrower	
Borrower Premium	\$	%	Premiums <u>must</u> <u>match</u> .	
Total Premium Contribution to be paid to CalCAP	\$	<u></u> %		
Total Premium Contribution to be paid by the Borrower	\$	_ %		
suant to 4 CCR §8072(c)(22), the Borrower hereby acknowledge their premium, as well as, all or a portion of the Lend	der's premium for the aforementioned		CalCAP premium contribution t	
Business Na	ame	<u> </u>		
Borrower Signature			Date	
Borrower Sign	nature		Date	
Borrower Sign	nature		Date	
Borrower Sign	nature		Date	
Borrower Sign	nature		Date	
Borrower Sign	nature		Date	
Borrower Sign	nature		Date	